

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/586843</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8		1		1			58	
9		1		1			59	
10		1		1			60	
11		1		1			61	
12		1		1			62	
13	1		1				63	
14		1		1			64	
15		1		1			65	
16		1		1			66	
17		1		1			67	
18		1		1			68	
19		1		1			69	
20		1		1			70	
21		1		1			71	
22		1	1				72	
23		1		1			73	
24	1		1				74	
25		1		1			75	
26		2		1			76	
27		2		1			77	
28	1		1				78	
29		1		1			79	
30		2		1			80	
31	1		1				81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5	↓	6	↓		↓	TOTAL IND.	↓
TOTAL DEP.	34	←	25	←		←	TOTAL DEP.	←
TOTAL CLAIMS	39		31				TOTAL CLAIMS	